

City of Moscow Arts Department

Volunteer Application



CONTACT INFORMATION *(Please type or print all information)*

Date: _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Contact Preference? Email Cell number Home phone

May we leave a message on your phone? Yes No

Emergency *(local)* Contact Information:

Name(s): _____

Cell number: _____ Home number: _____

Please check the types of volunteer roles you are interested in.

You may choose as many as you would like:

Installation / De-Installation art exhibits

Marketing and Outreach

Provide Entertainment for Events

Inventory

Cleaning and Maintenance

Support for Events

Other: _____

Availability

How many hours are you available? _____

Please check your available times:

Weekday mornings

Weekday afternoons

Weekday evenings

Please tell us why you are interested in volunteering for the Arts Department?

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____

Date: _____

Note: *Volunteers are needed for special events that are a regular occurrence and could use your help! Please bring your application to the Arts Department in City Hall or e-mail it to Arts Assistant dscallorn@ci.moscow.id.us . It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.*



CITY OF MOSCOW VOLUNTEER'S GENERAL RELEASE OF LIABILITY

For and in consideration of my being allowed to assist the City of Moscow, Idaho in a volunteer capacity as a _____, I do hereby release City of Moscow, Idaho, a municipal corporation of the State of Idaho (hereinafter "CITY"), and any and all other officers, employees, volunteers, agents, insurers and any elected or appointed officials of CITY, individuals or entities affiliated with such persons and/or entities, from any and all civil liability or any and all forms of injury which may arise as a result of my participation in such volunteer activity.

I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with me participating as a volunteer and I grant a general release, for myself, my heirs, executors, administrators and assigns and I waive, remit and forever discharge and release CITY and any and all elected or appointed officials of CITY, and all officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by me while I am participating in said volunteer activity in any way, including my coming to and going from such volunteer activity.

I understand that this Release does not waive any rights or any protection I may have under the Idaho Tort Claims Act; however, I also expressly understand and acknowledge that this Release does not create any rights not specifically and expressly provided to me under the Idaho Tort Claims Act. I further understand that my participation in the aforementioned volunteer activity does not create any form of employment with CITY and does not grant me any rights that are not expressly provided for by law or contract.

I acknowledge that I am serving in a volunteer capacity for the services I will render and I am not entitled wages, pay or the usual benefits of employees of CITY. I further represent that I am not currently employed by CITY.

I have read the foregoing and understand that the terms of this Release are contractually and legally binding and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this Release.

DATED this _____ day of _____, in the year _____.

VOLUNTEER:

(SIGNATURE)

(PRINTED NAME)

STATE OF _____)
) ss.
COUNTY OF _____)

On this _____ day of _____, in _____, before me, a Notary Public in and for said State, appeared _____, known to me to be the person named above and acknowledged that he/she executed the foregoing document.

Notary Public for the State of Idaho
Residing at _____
My commission expires _____